



405 Main Street Danbury, CT 06810

TESTIMONY
BEFORE THE PUBLIC HEALTH COMMITTEE
REGARDING:
H.B. 7156 An Act Concerning Hospice Services
H.B. 7193, An Act Concerning a Waiver From State Licensing
Regulations for Hospice-Only Providers

Monday, March 5, 2007

Senator Handley, Representative Sayers and members of the Public Health Committee, I am Maureen Moore, RN, MA, executive director of Regional Hospice of Western Connecticut. I appreciate the opportunity to submit testimony **supporting H.B. 7156 An Act Concerning Hospice Services**. Each year our agency provides more than half a million dollars in charitable public benefit and serves more than 400 hospice and palliative homecare patients in Greater Danbury, across all settings, who would benefit from **H.B.7156**.

In order to maintain continuity of care and provide for the best end-of-life experience, we urge legislators to oppose **H.B. 7193 An Act Concerning a Waiver From State Licensing Regulations for Hospice-Only Providers**. If a patient opts for hospice care in Connecticut, they should be assured that all hospice providers will be held to the same state licensing standards, therefore ensuring the same high quality of care, no matter which hospice agency they choose to provide that care. Given that Connecticut residents deserve to receive informed consent, would hospice-only providers under **H.B. 7193** then also be required to inform patients before admission that they do not meet Connecticut state standards?

If enacted, **H.B. 7193** would allow some agencies to provide only the minimum standards of care—not the care hospice patients in Connecticut expect and deserve. Quality outcomes for patients in Connecticut may be compromised due to fewer requirements for staff orientation, supervision and training, and minimal requirements for Quality Assurance and Department of Health oversight. Importantly, because Connecticut requires hospice agencies to be licensed for home care, continuity of care from palliative homecare to hospice care would not exist.

Let me share with you an example of how this bill, **HB7193** would have affected a recent family served by our agency.

Our Model of Care

A young woman, with two small children, was hospitalized for several months with significant medical care needs related to a serious illness. This young woman wanted very much to be home with her two small children for the holidays. While near the end of her life, she was not yet ready to choose hospice care as an option.

The patient's physician contacted us about palliative homecare. We coordinated a seamless transition to home where the patient was able to share the holidays with her two young children and other family members—one of her last wishes. Our specialized nurses and social worker had the skills and training to manage this very complicated medical/emotional situation. A grant allowed the agency to provide overnight home health aide care to relieve the family.

Christmas night, the patient chose to transfer to hospice care. She remained at home, receiving the same high level of care from the agency's team but with all the added benefits of hospice care. Our bereavement director began working with the husband, guiding him regarding the children's grief. A week later, close to death, we were able to facilitate a return to the hospital, just before she died. Her last wish was not to die where her family would go on living.

The story doesn't end there. Our bereavement director assisted hospital staff with their grief. The two children and their father both are received extensive bereavement support from the agency's Healing Hearts Center for Grieving Children & Families. On average, children participate for 18 months. This program presently serves more than 125 children and is available at no cost to anyone who needs this type of help in our community.

Minimum Standards Under Bill 7193

Under minimum standards, this same patient might not have been offered the option to go home with palliative homecare and would then have had to remain hospitalized. A hospice — only agency would have urged her to choose hospice care rather than homecare. She and her husband refused that option. This family may never have had the opportunity to spend their last Christmas together at home.

The family may have never received an extensive spiritual and bereavement assessment, and follow up. It is unlikely the children and their father would have benefited from a comprehensive grief support program, such as The Healing Hearts Center for Grieving Children & Families, that is available at no charge for as long as the family needs help.

In Conclusion

We strongly oppose **HB 7193** support **HB 7156 An Act Concerning Hospice Services**, which would provide for hospice services licensed by the Department of Public Health and certified by Medicare. The implementation of this bill to require that hospices serve patients in all settings is necessary and enforces Connecticut's model of providing consistent, high quality care to patients throughout the stages of a terminal illness.

Thank you for your consideration. I would be happy to take any questions.